



**ANIMAL CELL CULTURE SERVICE  
(SCCA)**

**SCCA Service Request**

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 Contac Person: M. Carmen Doñoro Vázquez  
 \*Nº:

**CLIENT DATA**

Name and surname of the applicant		
Center/Institution		
Address		
Email		
Telephone/fax		
Responsible Researcher		
Account number		
Project		
European project H2020? <i>Cross out what is appropriate</i>	YES	NO
Date and Signature (Responsible Researcher):		

**REQUESTED JOBS**

<b>Mycoplasma Detection</b>	
Requested technique:	
Total number of samples:	
<i>Sample identification</i>	

<b>Use of service dependencies</b>
Laboratory (S-29/353/356):
Approximate period (weeks/months):

<b>Others (description)</b>

\* To be filled out by Service personnel